



State of Arkansas
DEPARTMENT OF FINANCE AND ADMINISTRATION
P.O. Box 3278
LITTLE ROCK, ARKANSAS 72203-3278

PHONE (501) 682-1823
FAX (501) 682-5104

Office of
Personnel Management

EMPLOYEE SUGGESTION FORM

MAIL TO:

Office of Personnel Management
Employee Suggestion System
Post Office Box 3278
Little Rock, AR 72203

DO NOT WRITE IN THIS SPACE

Employee Suggestion Number: _____

Accepted ☐ Unaccepted ☐

Please type or print your idea. Be sure to supply all information requested. You may attach additional sheets and examples if needed. READ INSTRUCTIONS CAREFULLY AND COMPLETELY.

WHAT IS THE PROBLEM AS YOU SEE IT?

WHAT IS YOUR SUGGESTION?

HOW WILL YOUR SUGGESTION IMPROVE THE PRESENT SITUATION OR BENEFIT THE AGENCY OR STATE? (BE SPECIFIC – IF MONEY WILL BE SAVED, STATE HOW MUCH AND SHOW HOW YOU FIGURED THE SAVINGS. ATTACH ADDITIONAL INFORMATION IF NEEDED)



OFFICE OF
PERSONNEL MANAGEMENT

State of Arkansas
DEPARTMENT OF FINANCE AND ADMINISTRATION
P.O. Box 3278
LITTLE ROCK, ARKANSAS 72203-3278

PHONE (501) 682-1823
FAX (501) 682-5104

CONFIDENTIAL
FOR OFFICE USE ONLY!
TO BE COMPLETED AND SIGNED BY EACH EMPLOYEE

PERSONAL INFORMATION

NAME: _____

TITLE OR POSITION: _____

SOCIAL SECURITY NUMBER: _____

DEPT. OR AGENCY: _____

SUPERVISOR: _____ UNIT OR DIVISION: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ MESSAGE PHONE: _____

I certify that I am employed by the State of Arkansas. I have read the eligibility requirements and rules and agree that the state shall have the right to make full use of my suggestion. I further understand that my name will not be released as it pertains to my suggestion unless the suggestion is adopted.

Signature: _____ Date: _____

FOR OFFICE USE ONLY
Will Not Be Sent To Evaluator

PLEASE COMPLETE AND RETURN WITH SUGGESTION FORM